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PATENT  
ATTORNEY DOCKET NO. 043694-5012-02

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: )  
 )  
Young Jin OH et al. )  
 )  
Application No.: 09/536,629 ) Group Art Unit: 2871  
 )  
Filed: March 28, 2000 ) Examiner: Unassigned  
 )  
For: LIQUID CRYSTAL DISPLAY DEVICE )

*#6*  
*CFR*

Commissioner for Patents  
**BOX PATENT APPLICATION**  
Washington, D.C. 20231

Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

Attached is a copy of the Official Filing Receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

There is an error with respect to the following data which is:

☒ incorrectly entered

☐ ommitted

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**Error In**

**Correct Data**

☒ Total independent claims (1)

2

☒ The correction is not due to any error by the applicants and no fee is due.

☐ The above correction is due to the applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

☐ Enclosed is a check in the amount of \$25.00.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

**MORGAN, LEWIS & BOCKIUS LLP**

William O. Trousdell  
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Reg. No. 38,637

Dated: October 16, 2000

CUSTOMER NO. 09629  
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## FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/536,629	03/28/2000	2871	834	43694-5012-2	6	28	1 2

9629

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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## Continuing Data as Claimed by Applicant

## Foreign Applications

REPUBLIC OF KOREA 1996-41779 09/23/1996

If Required, Foreign Filing License Granted 06/01/2000

## Title

Liquid crystal display device

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## Preliminary Class

349

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By SDW Date 6-5-00



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/536,629	<b>FILING DATE</b> 03/28/2000 <b>RULE</b> -	<b>CLASS</b> 349	<b>GROUP ART UNIT</b> 2871	<b>ATTORNEY DOCKET NO.</b> 43694-5012-2
<b>APPLICANTS</b> Young Jin Oh, Kyungki-do, JAPAN; Kyoung Nam Lim, Seoul, KOREA, REPUBLIC OF; Dong Hyo Gu, Kyungki-do, KOREA, REPUBLIC OF; Sang Ho Lee, Kyungki-do, KOREA, REPUBLIC OF; Min Cheol Shin, Incheon, KOREA, REPUBLIC OF;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS ***** REPUBLIC OF KOREA 1996-41779 09/23/1996				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 28
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 9629				
<b>TITLE</b> Liquid crystal display device				
<b>FILING FEE RECEIVED</b> 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	